CORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH UUTT4
1. PLACE OF DEATH	(93-c)
County Jalbot	Registration Dist. No. 290
Village or City & aston Ind	No. St., Ward
Length of residence in city or town where death occurredyrs,mo	s. ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Frank TBailey	
Residence: No. Easton and	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(MURLI) (Day) (Teal)
HUSBAND OF Mary Co. Bailey	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) when . 1863	I last saw hein alive on 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11. 43 P.m.
about 7/ 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Labor	Chronic Mysemlitio 11/2/30
Mind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this securation (month and spent in this	
SAW MILL, BANK, etc.	
O 10. Data deceased last worked at this occupation (month and year) spant in this occupation	
Cl and	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) Cafel (State or country) Talkot Co	
13. NAME unknown	
13. NAME UNKNOWN 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME unknown	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or counity)	Accident, suicide, or homicide?
17. INFORMANT Marcy & Bayley (Address) Easton mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMDVAL	Manner of injury
Place Easton md Date Jan 13, 1934	
19. UNDERTAKER James a spence	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 13 193 F 7 H Le russ Registrar.	(Signad) January M. D. (Address) Astron. M. D.
If move blanks are needed address State Registra	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 αġ should state

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County talose	Registration Dist. No. 292
Village or City (1	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	s9_ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Vearl anna Dailey	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Wee. 24,1933	I last saw h alive on , 19 , 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at
9 - 1 day, hrs. or	
8. Trada, profession, or particular kind of work dona, as SPINNER,	0
NO Lista, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 11. Total time (years)	Shaulion - Duy/-23
11. Total time (years) this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) (Stata or country)	Other Contributory Causes of importance:
13. NAME Mallow Halles Popular	
13. NAME Multon Walles Vouley 14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Pacatries Elizabet & Kunner 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide?, 19, Where did injury occur?,
17. INFORMANT Milion A Parlay (Address)	(Specify city or town, county end State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date Jan 2, 19 34	Natura of Injury
19. UNDERTANCE Mullow # Bully (Address)	24. Was diseasa or Injury In any way related to occupation of deceased?
and and melladian	(Signed) week all to be l'égrobies M. D.
20. FILED Revistrar	(Address) Augha ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ATATATATATAT	CDACE BOD	TATE DESCRIPTION	COM A PRESENTED OF	T3 37	DIENCHAR
ADDITIONAL	SPACE FUR	PURTHER	STATEMENTS	BI	PHISIUIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	00776
County [albaT	Registration Dist. No. 290
Village or City Eas Xon	No homeraence Masoi Xall ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospitator institution, give its NAME instead of street and number) 2. ds. How long in 0. S. if of foreign birth?yrs
2. FULL NAME Mr Charles 1 (200)	13
(a) Residence: No. Nunch Mayulland	St., Ward. Kent
(Usual place of a tode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH January 28 1934
5a. If married, widowed, or divorced HUSBAND of	(Year) (Year)
(or) WIFE of	22. I HEREBY CERTIFY. That t attended decessed from 1934, to 28 1934
6. DATE OF BIRTH (month, day, and year) WW (NUW) 879	I last law h_UMalive on 204 281 1934 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 1.45 a:m.
65! milen. Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
Reference of the state of the s	Date of onset
9. Industry or business in which	Bronohs foresmores 1-18-34
WORK WAS done, as SILK MILL, SAW MILL, BANK, etc	1-18-34
10. Date deceased last worked et this occupation (month and year)	Exposure to cold, engo
Balling	Other Contributory Causes of importance:
(State or country)	Reprome -
E 13. NAME WILLIAM	7-9/4-wc
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Myne Date of
(State or country)	IPP S. Va
E 15. MAIDEN NAME UNIVERSE	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT THUND IT P BY OUR P. WAS A CONTROL OF THE P. MAN TO THE P.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dill Journ 1934	Nature of injury
19. UNDERTAKER Cherry Fellows	24. Was disease or Injury In any way related to occupation of deceased?
(Address)	If so, specify V
20. FILED 129 , 1934 Al TV Helila Registrar.	(Signed) Williams (M.D. M.D. M.D.
	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis I Z E C E	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUPFALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT properly classified. be AGE should be

MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. V. S. No. 1 N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	942
County Fallow	Registration Dist. No. 24
Village or City Office	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) Los. How long in U.S. if of foreign birth?
2. FULL NAME NEAMEN Bringway	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Wonth) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine & Willes	22. HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) Sel-124 1853	I last saw h alive on, 19; death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at/m.
78 /6 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Therefore SAWYER, BOOKKEEPER, etc.	6 20-20
SAWYER, BOOKKEEPER, etc.	Downsky month sen falls at
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) year) 11, Total time (years) spent in this occupation occupation.	
Brengy	Other Contributory Causes of importance:
(State or country)	arteriorelevoris 1931
13. NAME Tulking	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME WILLIAM	23. If death was due to external causes (VIOLENCE) filt in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State of Country)	Where did injury occur?(Specify city or town, county and State)
(Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Oxford Cemetery Date Jan 3! , 1934	Nature of injury
19. UNDERTAKER Maurie & new yang 1900	24. Was disease or injury in any way related to occupation of deceased?
20. FILED an 29, 1934 forestated	(Signed) TOTELL CLOS M. D. (Address) M. D.
	2412 N. Charles Street Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write-none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	to the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		[Q7A1707 w]	
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

CORD. Every item of infor-	f. PHYSICIANS should state	Exact statement of OCCUPA-	
B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
8.—WRITE	mation sl	CAUSE (TION is

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(106-a)
County Jallo	Registration Dist. No. 29
Village or City W Asafel	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Sarah Cooper	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE COLORS OR DIVORCED (write the word) 5a. If married, widowed, on divorced	21. DATE OF DEATH (Month) (Oay) (Year)
HUSBANO of James & Cosper	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Warsh 10 1850	I last saw h 2 alive on 14 193 ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date state(d/above, at6Pm, The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spent in this spent in this	Plente Brucheles. Jan 10 34
year) occupation 12. BIRTHPLACE (city or town) Manyland (State or country)	Other Contributory Causes of importance: Sentle Demention Dec -1932
13. NAME 14. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis?
15. MAIOEN NAME Clega Purple 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR, REMOVAL Place Translet Date Jan. 27, 1934	Manner of Injury
19. UNDERTAKER Marian & Marian Blanch (Address) 20. FILED On 1, 1934 Tryland Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) M. D
If more blanes are needed, address State Registrar.	2411 N. Charles Street. Baltimore. Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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. Example 1 Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT CORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
MARGIN RESERVED FOR BINDING	A PERMAnted E X A operly class tificate.	
RVED FO	and be stand by property of certain	
N RESEI	AGE sho so that it notions on b	
MARGIN	H UNFAD supplied. in terms, s	
•	NLY, WIT ce carefully ATH in pla	
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated E N CAUSE OF DEATH in plain terms, so that it may be properly can represent the property of the property of the property of the property.	(,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 60779
1. PLACE OF DEATH County Salbot Coulty	Registration Dist. No. 293
Village or City Condova (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME John Coyner	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Surair . Con the control of the con	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) .5 6/6/ 7. AGE Years Month's Pays If LESS than	I last saw has alive on 193 death is said to have occurred on the date stated above, at 155 p.m.
72 8 8 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	with metasis to live
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and 4// 3 3 spant in this occupation)	
12. BIRTIIPLACE (city or town) Talbol (State or country)	Other Contributory Causes of Importance:
# 13. NAME Junes W. Corner	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of What test confirmed diegnosis? Wes there an eulopsy?
15. MAIDEN NAME . Herreta Dolden	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Jennette Solver 16. BIRTHPLACE (city or town) Table (State or country)	Accident, suicide, or homicide?
17. INFORMANT Live Flavor Aver And	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Day, MR. Date Jan. 17, 1934	Manner of injury
19. UNDERTAKER Capies a. Spiner. (Address) Easter Mexicand	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 1 15 , 1924 J. Landrer Registrar.	(Signed) Chas Alared M. D. (Address) Centreville ms.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms' as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
02	1913	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE	OF MARYLAND-	CERTIFICATE OF DEA	TH 00780
1. PLACE OF DEATH	A	(120) Ar	Stavens
County Lalbot		Registration	Dist. No. 290
Village or City	low	Nodeath occurred in a horpital or institution, give its NAM	St., Ward
Langth of rasidence in city or town who			
2. FULL NAME	o B. Tolds	borough	
(a) Residence: No.		St., Word.	
(a) neglection to	(Usual place of abode)	If nonresident	give city or town and State
ERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Temple Oblow	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (native the word)	21. DATE OF DEATH	(Day) (Year)
a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIF	V That I attended deceased from
(or) WIFE of		Jan. 7 1934 to C	24. 8 19 34
DATE OF BIRTH (month down and month	July 14-1929	A last saw h sa alive on land 8	19 3 4 death Is said
DATE OF BIRTH (month, day, and year) AGE Years Months	Days If LESS than	to have occurred on the date steted above, at 5	a.m.
14 5	- 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related caus	
Trade, profession, or particular		were as follows:	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	nous		
kind of work dona, as SPINNER, SAWYER, BOOKKEFPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc			
SAW MILL, BANK, etc.	11 T-led Aims (const)		
10. Date deceased last worked at this occupation (month and year)	11. Total tima (years) spant In this occupation		
year)	O D	Other Contributory Causes of importanca:	THE RESIDENCE OF THE PARTY OF T
2. BIRTHPLACE (city or town) Z	son ma		
(State or country)	ld lan mal	Calletin	
13. NAME / Leo Lo	the way a		
14. BIRTHPLACE (city or town)	store 10	Name of operation	Data of
(State of country)	Harris	What test confirmed diagnosis?	
15. MAIDEN NAME	July With	23. If death was due to external causes (VIOL ENCE) f	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or comply)	ebuone loby	gcident, suicide, or homicide?	Date of injury, 19
(State of Edwirty)	Od alega - Amb	Where did injury occur?(Specify city o	r town, county and State)
7. INFORMANT LO SO (Address) Eucl	one med	Spacify whether injury occurred In INDUSTRY, in H	OME, OF IN PUBLIC PLACE.
8. BURIAL, CREMATION, OF REMOVAL	0 0 111 21	Manner of injury	
Place Zusion . und	Date Held 1907	Nature of injury	
9. UNDERTAKER Solut O	wellaule	24. Was diseasa or injury in any way related to occu	pation of deceased?
(Address) / Day	toy rud	If so, specify	
20, FILED 1/9 1934	not neives	(Signed)	eccus M. D
	Registrar.	(Address) Coast	man (Mas)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis R 5- 5-	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.	1		•
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
			1

V. S. No. 1 B of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	290
County Letter	Registration Dist. No. 24 7 0
Village or City astor	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Donald gru	Him
0 4 0 1 1/20	U _{St.} , Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wife the word)	21. DATE OF DEATH
mole B. Sinch.	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	1-11 ,1934, to 1-11 ,1934
1-1-34	I lest saw h Am alive on
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.36 P.m.
Q 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade, profession, or particular	were es follows: Date of enset.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	11/34
T Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
and oddapanon (month and	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town).	acut Colorital Jamare 17/34
(State or country)	I westow with topserver
14. BIRTHPLACE (tity or town) Caroline Co.	Causing Cardras dechaphanting
4 14. BIRTHPLACE (Vity or town) Grown	Name of operation Date of
(State of country)	What test confirmed diagnosis? Classes Was there an au'opsy? Was there an au'opsy?
15. MAIOEN NAME mange griffing 16. BIRTHPLACE (city or town) 16. B	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	
(State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Solder Cellyon	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Nammer Jown Date Jan 15 1934	Nature of Injury.
1 10 11 0 000	And A
19. UNDERTAKER James a fine Could Could (Address) Castad Mary Care	24. Was disease or injury in any way related to occupation of deceased?
(Multers) Sastar May May	(Signed) Lie les Jelman M. D.
20. FILED 1.3 T. 1934 Merilion Registrar.	(Address)
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADY AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

no bours cills. I bely topic from gotantel	ADDITI	IONAL SPACE FOR F	URTHER STATEM	0	N / //- 2:1/
randie 1 modetermed orlgin pellaps Lustre hereld	Jan Um	child of	1 Diverse to	to brown	Catacalul
	Sandre	1 moleter.	and orlain	pellope	Lustre hered

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

m

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(11-2)
County 1010019 V	Megistration Dist. No. 290
Village or City Collaboration, 1110.	Modalle Malley Hospital st ward
Length of residence in city or town where death occurred \yrmos.	death occurred in a horatel or institution, give its NVME instead of street and number) ds. How long in U.S. if offoreign birth?
2. FULL NAME MY JULIES H. WYOULD	
Residence: Np.	Ast, Ward, Ferry
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (water the word)	21. DATE OF DEATH Sundy 20 1934 (Month) (Day) (Year)
5a. If married, widowed, ordivorced HUSBAND of (00) MIEE of	22. I HEREBY CERTIFY That I attended deceased from
S DATE OF BIRTH (month day and year)	last saw h. WA alive on SOM, 200 1934 death is said
6. DATE OF BIRTH (month, day, and year) 4. 27, 18 60 7. AGE Years Months Days If LESS than	0.05/
3 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
- 9 Trade profession or postinutes	I sellemany Earboles 1/2016
SAWYER, BODKKEEPER, etc.	Prostot hypethophy 1/04
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	Obstuling beerge 18/2/33
SAWYER, BODKKEEPER, etc 9. Industry or business in which work wes done, as SPINNER, SAWMILL, BANK, etc 10. Date deceased last worked et this occupation (month and year) year) 11. Totel time (years) spent in this occupation.	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME John a. Graves	
14. BIRTHPLASE (city or town)	Name of operation Isstatuelary Dete of 1/N/34
(State of country)	What test confirmed diagnosis? Cleries Wes there en autopsy? 20
I 15. MAIDEN NAME Carabaskuster	23. If death was due to external causes (VIDLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Kent Co.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CAEMATION, OR REMOVAL	Manner of injury
Plechester Curelly Date	Nature of injury
19. UNDERTAKER Chas. L. Model	24. Was disease or Injury in any wey related to occupation of deceased?
(Address) Chalestown md	If so, specify
20. FILED 1934 // J. // Lune Registrar.	(Signed) M. D. (Address) Oaklow M. D.
To a second seco	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Vallot	Registration Dist. No. 2-91
Village or City Krysel Clas	No. St., Ward
Length of residence in city of town where death occurred 7 9 yrs 10 mos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME E. Hrancis Homm	
(a) Residence: No. near Boyal Oak Ind	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE No Divorced (write the word) The service of the service	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i attended depeased from
6. DATE OF BIRTH (month, day, and yeer) Mass. # 1854	Tlast saw h smallive on Jan Gla 1934; death is said
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
79 10 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Irada profession or particular	Chronic custities Date of onset
SAWYER, BDDKKEEPER, etc.	theresult of higher- not
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	trafiley of prastate Know
Do. Date deceased last worked at this occupetion (month and spent in this	gland
year) occupation	Dilher Contributory Causes of janportance:
12. BIRTHPLACE (city or town) A oyal Ook	Comment of the commen
(State or country)	
13. NAME (Irmand Vannond 14. BIRTHPLACE (city or town). Freekink CO	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of Dete of
E 15. MAIDEN NAME Mary M. Cox	Whet test confirmed diagnosis? Was there an au'opsy? 23. If death wes due to external causes (VIDL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) J. Salto ma	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Annal M. Hammond (Address) Royal Oaf my	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury 22002
Place A ogal oat Date Jaw 9 19.33	Nature of injury 10000
19. UNDERTAKER Neuvan + Harrison (Address) Sh michaels m.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jan 8 , 1934 John Howwales	(Signed) J. A.S. ylvelles M. D.
If more blanks are needed, address State Projection	(Address) At the Cline By Ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUPEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S'	STATEMENTS	BY	PHYSICIAN
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STATE OF	MARYL	AND-	-CERTIF	FICATE	OF	DEATH
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110784

1. PLACE OF DEATH	Registration Dist. No. 29
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME anne & Longfelo (a) Residence: No. Morris & (Usual place of abode)	St., Ward. ff nonresident give city or town and State.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Fernale 4. COLOR OR RACE OR DIVORCED (write the word) Wildows	21. DATE OF DEATH (Month) (Day) (193 4 (Yoer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of John Thompson Good And the State of Section 18 and 18	1 HEREBY CERTIFY. That I attended decessed from 19.34. I last saw here alive on 19.34.; death is said to have occurred on the date stated above, et 10.394.m.
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11, Total time (years) this occupation (month and spent in this separation).	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows: Date of onact faul / 5 4
year) 2 2 1 (938 occupation 2 2 12. BIRTHPLACE (city or town) Talbot lo D 211 d (State or country)	Other Contributory Causes of importance: Arterio - Sclerosis with Daypurter son 192
13. NAME William H Pateroll 14. BIRTHPLACE (city or town) Talbor lod (State or country)	Name of operation Date of What test confirmed diegnosis? Was there an aulopsy?
15. MAIDEN NAME Sarah & Harris 16. BIRTHPLACE (city or town) (Filth los ma) (State or country) 17. INFORMANT Wara a Sangfuld	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Of Order Danietroale Jane 8, 1934	Nature of injuly
19. UNDERTAKER James Conce (Address) Baston Sud	24. Was disease or injury in any way related to occupation of deceesed? NO If so, specify: (Signed) Julianus Daymerus M. D (Address) Eastern Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PEB 5 1934			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County Lallet	Registration Dist. No. 290
Village or City East tau P.).	No. Matteustaun St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospitator institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (Still-lane) M	10 Daniel
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 25, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 25. 1934	I last saw h alive on; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
Jay law law or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of Office.
SAWYER, BOOKKEEPER, etc.	Sull-love
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	information)
10. Date deceased last worked at 11. Total time (years)	Malerso " History Hundy
O this occupation (month and spent in this occupation corupation	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (State or country)	Officer Contributory Causes of Importance.
I	D. J. J.
44. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
	23, If death was due to external causes (VIOLENCE) fill in also the following:
1	Accident, suicide, or homicide? Date of injury19
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. thFORMANT Hester Q. Daniely (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CARMATION, OR REMOVAL	Manner of Injury
Place astau - Ry Date 30 ,1939	Nature of Injury
19. UNDERTAKER Viett Mc laviel (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 26 19 34 M. St. Meines Registrar.	(Signed) A. Merry Avealtage (Address) Gazles
	24.1. N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ogo	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. C				
Other contributory causes of importance:	E tree 1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH

Date of onset

Registrar. (Address) ___ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	a de la companya de l	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis T	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF			87:0
County_	alkat		Registration Dist. No.
	ty New C		NDNDSt.,W If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of resid	fence in city or town where	death occurredyrs,mo	osds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAM	ME Charl	ie Varker	
(a) Residence	ce: No. near les		St., Ward.
	AL AND CTATIC	/ (Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
		ICAL PARTICULARS 15. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH / 65 d
3. SEX Male	4. COLOR OR RACE	OR DIVORCED (write the word)	(Month) (Day) (Year
5a. If married, widow HUSBAND of (or) WIFE of	Linnie	Parker.	22. JI HEREBY CERTIFY That I attended deceased face, 22, 19 34, to June 22, 19
6 DATE OF RIRTH (month, day, and year)	Dec 1877	Haster her alive on January 22, 1934; death is
7. AGE Yaa		Days If LESS than	to have occurred on the date stated above, at 8.2002m.
Wout 5.	7	1 day,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
& Trade, profes	ssion, or particular	1	Cerebral afspess, 9
		Harmer_	Espel of ottles media Dec
9. Industry or work was	business in which s done, as SILK MILL, L, BANK, etc		7
	L, BANK, etced last worked at	11, Total time (years)	
this occupyear)	pation (month and	spent in this occupation	
	71/-	.0	Other Contributory Causes of Importance:
12. BIRTHPLACE (cit (State or cour		g xouq	
13. NAME	and To	ukes	
I	James n	10	Name of operation Date of
14. BIRTHPLACE			What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NA	ME Mary	Jane Money	23. If death was due to external causes (VIDL ENCE) fill In also the following:
15. MAIDEN NA	16	rud. 1.	Accident, suicide, or homicide? Date of injury, 19_
O 16. BIRTHPLACE State or	country)		Where did injury occur?
17. INFDRMANT (Address)	James J.	acher - Ju	(Specify city or town, county and State) Specify whether injury occurred in tNDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMAT	NON, OR REMOVAL	1111	Manner of Injury
Place CL	apel Chuic	to Date famery 2 19 3	- Nature of Injury
19. UNDERTAKER (Address)	James a.	Spening SEC.	24. Was disease or injury in any way retated to occupation of deceased?
20. FILED 1/2-4	- ,19341	Ja La Gardner	(Signed) Inteam & Elymony (Address) Easter Md

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	BEV-FIVES!	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial ne	phrilis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	FEB 2 1934	July 5,1927	Peritonitis	3 days ago	
i	BUREAU V.S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastrocnteritis	1 year	
	·1				

ż

item of infor-

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	a
County Jallot	Registration Dist. No. 290
Village or City Easton (If	No. Janes Jane St., Ward death occurred in a horpital or institution give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME It Illith P.	atrick
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	Contract Confested (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended daceased from
14 11 1/0/24	1934, to 1934
6. DATE OF BIRTH (month, day, and year) Stilling 10/37	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day, Qhrs.	to have occurred on the date stated above, at
0 0 ormin.	wera as follows: Oate of onest
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	Sportinear arran
9. Industry or business in which	It the worth dre a notar
work was done, as SILK MILL, SAW MILL, BANK, etc.	Bulling on blanky Carry 1/3/24
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceasad last worked at this occupation (month and spent in this	Junivela of Western Statistical 1 15 1
year) occupation	Cilled me fler Confeleten from
12. BIRTHPLACE (city or town) Eastern	Other Contributory Causes of importance:
(State or country) Maryling	
13. NAME Hond Edu Patrick	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Name Date of
(Stata or country)	What test confirmed diegnosis? Clanual Was there en au'opsy? hu
15. MAIDEN NAME Helen Frances Perry	23, If death was due to external causes (VIOLENCE) fill in also the following:
T 0 0 P	Accident, suicide, or homicide? Date of injury, 19
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Flord & dund Ritaile	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT Taya Catton (Address)	
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Easter my Date 10,1934	Nature of Injury
Flands Patrick	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
11.0 34 7011 1001	(Signed) Stanley & Jughwar M.D.
20. FILED // 3 1997 / JY ICCALLS Registrar.	(Address) & A Stath mil
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

MARGIN RESERVED FOR

V. S. No. 1.

4		111.780
	PLACE OF DEATH	STATE OF MARYLAND
	Talliax	CERTIFICATE OF DEATH
Cou	inty (Way	8 241
	(10)	Registration Dist. No.
Villag	e or City / College (No , —	St: Ward) (If death occurred in
		a hospital or institu-
	2 FULL NAME LETTER (Ray Cles	rtead of street and humber.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX		16 DATE OF DEATH
3 SE2	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED	1 1926
2n	deter word)	(Month) (Day) (Year)
4 DAT	PR OF BIRTH	17 I-HEREBY CERTIFY, That I attended the deceased from
	1en 19 30	152 , to
	, 1	that I last saw halive on
7 AGE	(Month) (Day) (Yehr)	and that death occurred on the date stated above, at
AGE	III LESS than	The CAUSE OF DEATH Was as follows:
	dayhrs.	and terrend
8 OCC	UPATION	stall har late
	Trade, profession or ticular kind of work	
	General nature of industry	***************************************
bus	inces, or establishment in	(Duration)yrsmosde.
	ch employed or (employer)	Contributory Secondary
	(State or country) Clylica 2001	
	IO NAME OF	(Duration) yrs. mos. de.
	FATHER CALLEY POOLS	(Signed) M. D.
8 1	II BIRTHPLACE	1. Dr. 1.20. 1923. (Address)
REN	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether
ARE	2 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal.
0	sa between	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
1	S BIRTHPLACE OF MOTHER	At place In the
- 1	(State or country) Luk	of deathyrsmosda, State,yrsmosda. Where was disease contracted,
14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(1	informant) Dung wefreen	Former or usual residence.
(/ Helelen O. O.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Aldress)	Illahman Ing Jan 20, 1934
15	12 12 24 - Celt	20 UNDERTAKER ADDRESS
File	ed Tun VO 1997 A Registrar	51 00 0:11/11/0 5
		Moust lad coff Shyhmen he
	If more binks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthployed, as At school or At home. Care should be taken definite salary). may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; additional line is provided for the latter statement; it anture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The questired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH zaged in domestic service for wages, as Servant, Gook to report specifically the occ pations of persons enlaborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., worked on may form part of the second statement should be used only when needed. As examples: (a) whatever, write None. Housemaid, etc. If the occupation has been changed (a) Foreman, (b) Automobile factory. The material isiness, that fact may be indicated thus: Farmer (re-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day

Btacoment of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

train-acoident; Revolver wound of head-homicide; head of "contributory." ture of the injury, as fracture of skull, and conso conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report merc symptoms or terminal stated unless important. use of "Tumor" for malignant neoplasms); Measics; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid quences (e.g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Concausing death), 29 ds.; Bronchopneumonia unqualified, is indefinite); Tuberowloods of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. Examples: taken. For violent deatils state means of injust "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. discases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," (secondary or intercurrent) affection need not be Ohronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valeular "Debility" ("Congenital," "Senile," etc.); Accidental drowning; (Recommendations on state-Example: Measles (disease Struck by railway heart disease; (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	F MARYLAND-	CERTIFICATE OF DEATH	00790	
1. PLACE OF DEATH		(82-a)		
County Alle	4	Registration Dist. No4	293.	
Village or City Zulle T	Village or City Zuce Cordova No. St. Was			
(If death occurred in a horpital or institution, give its NAME instead of street and Length of residence In city or town where death occurredyrs				
2. FULL NAME Decree (a) Residence: No. Reach)	Frankling Condora	Charles.	ds	
	(Usual place of abode)	If nonresident give city or to		
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEA	тн	
3. SEX 4. COLOR OR RACE While	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay)	, 193 (Year)	
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of	/	22. I HEREBY CERTIFY, Thet lat		
6. DATE OF BIRTH (month, day, end yeer)	Eng. 11 185	I last sew h. www alive on New 10	9 ; death is sald	
7. AGE Years Months	Days If LESS than	to have occurred on the dete stated above, etm.		
8214	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of important	,	
8. Trade, profession, or particular	1. 1.2	CE prod apoplete	7 Data of onset	
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	reed Variue	e.	7	
kind of work done, as SPINNER SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked et this occupation, month end				
10. Date deceased last worked et this occupation (month end year)	11. Totel time (years) spent in this occupation	5		
12. BIRTHPLACE (city or town Talbot 60, 2nd		Other Contributory Canses of importance: Willies		
(State or country)		Delevoes and infumles of	2	
13. NAME John.	(twosles	old ager /		
14. BIRTHPLACE (city or town)		Name of operationDe	ete of	
(State of country) Mary Route.		What test confirmed diagnosis? Was the	are an autopsy?	
15. MAIOEN NAME ALARY 16. BIRTHPLACE (city or town) (State or country)	V	23. If deeth was due to external causes (VIOL ENCE) fill in also the fo	ollowing:	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of Injury_		
(State or country)	maryland	Where did Injury occur?	- 10.	
17. INFORMANT UNS Dersua (Address)	rd Commele	(Specify city or town, county a Specify whether Injury occurred in industry, in Home, or in PUB	LIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Carres Day	Manner of injury	**************	
Place pastous and	Oate Jaw 3 1934	Nature of injury		
19. UNDERTAKER Villiagel	denne	24. Was disease or injury In any way related to occupation of decess	sed?	
(Address)	utow. Zud.	If so, specify		
20. FILEO Quer e / 1934, Se	L. Gardner	(Signed) MOCLETYA	N D	
TO. FILEU SPEED 19 27-4	700000	(Signed)	ra My	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Chronic interstitial nephritis - CE IVE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU V. S.	10		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Art III

V. S. No. 1 ä

SIAIL OF MARTLAND	CENTILICATE OF DEATH
1. PLACE OF DEATH	(93-0)
county tallow	Registration Dist. No. 29 1
Village Dr City new Oxford	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town whera daath bocurred 60 yrs mos.	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME / Mune, Martin) Ther	write.
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
4. COLOR OR RACE OR DIVORCED (which the word)	21. DATE OF DEATH
THEVILLE	(Month) (Qdy) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
To our Oracional	100, 1947, to Jan 1934
6. DATE OF BIRTH (month, day, and year) — about 1862	I last saw h low aliva on 1954; daath Is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at
abut 12 I ady, nrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca wara as follows: Output Date of onset
Trada, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, atc. 9 Industry or business in which	Werenal, securation; has 142
work was dona, as SILK MILL, SAW MILL, BANK, atc.	meanings Cerebral paterio
10. Date dacasad last worked at this occupation (month and 1911) 11. Total time (years) spent in this	Aclesonis, Curf. R.
year) spent in this 30 occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Musocardelis (Vente) Jan 1934
13. NAME Calor Cassen	
14. BIRTHPLACE (city or town)	Nama of operation Data of
(Stata or country) Oarrine Oo	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Olisa martin	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicida? Data of Injury, 19
(Stata or country)	Where did injury occur?
17. INFORMANT John Therwood	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Outro	
18. BURIAL GREMATION OF REMOVAL	Mannar of Injury
Place Creameroville was got to far 19,1934	Natura of Injury
19. UNDERTAKER Maurice Erectrally + Pos	24. Was diseasa or Injury in any way related to occupation of dacaased? 900
(Addrass) Office - Seed.	If so, specify
20, FILED Mr 17 1934 torellastood.	(Signad) M. (
Cal Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street Baltimore, Requesting V. S. No. 1.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were as	f death and related causes follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	TOOT IS DOU	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	I GRAIDOR	3 days ago
			Services on March	
Other contributory causes of importance:		Other contributory can	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

ARGIN

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FEB 6 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PL	STATE OF	MARYLAND—	CERTIFICATE OF DE	EATH 00794
Co	unty Vallot		Registrat	tion Dist. No. 29/
	lage or City Royal (Pak	No.	
		(1)	death occurred in a hospital or institution, give its N.	AME instead of street and number)
Len	gth of residence in city of town where death	occurred 2.3 yrsmos	ds. How long in U.S. if of foreign birth	?ds.
2. FU	LL NAME Zausa	Smut		
(a)	Residence: No. Boy al	Oak	St.,Ward.	
		(Usual place of abode)		dent give city or town and State
	ERSONAL AND STATISTICA		MEDICAL CERTIFICA	TE OF DEATH
3. SEX		OR DIVORCED (write the word)	21. DATE OF DEATH	7 1/
A		married	(Month)	(Day) (Year)
ba. If merr HUSB	ed, widowed, or divorced AND of		22 I HEREBY CERT	
(or) V	VIFE of Horace &	nitt	Jan HEREBY CERT	I FY That I attended deceased from
6 DATE O	F BIRTH (month, day, and year) Fel	V185-5-/	liast saw hell alive on June	16 344
7. AGE	Years Months	Days If LESS than	to heve occurred on the date stated above, at	7/7 m, 19.3-4; death is said
	78 mile	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related	causes of Importence
_ _ 8. Tra	ide, profession, or particular	ormin.	were as follows:	Date of enset
0	ide, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	rusewort	Breek	11/0
	ustry or business in which work was done, as SILK MILL,	2	July 1	muse you
0	SAW MILL, BANK, etc.	one		ago
0 10.00	te deceased last worked at this occupation (month and	11. Total time (years) spant in this		
	year) Nov.	occupation	Other Contributory Causes of Importance:	
	LACE (city or town)	L		
	ete or country)	ma	age	
当 13. NA	ME unknown			
13. NA 14. BIR	THPLACE (city or town).	nown	Name of operation Name	Date of
	(State or country)	(What test confirmed diegnosis?_ Noue	Was there an au'opsy? No
15. MA 16. BIR	IDEN NAME Works	mm	23. If deeth was due to external causes (VIOLENCI	E) fill in elso the following:
0 16. BIR	THPLACE (city or town)	Lunge	Accident, suicide, or homicide?	Date of injury
~	(State or country)		Where did Injury occur?	y or town, county and State)
17. INFORM		ick	Specify whether Injury occurred in INDUSTRY, in	HOME, or in PUBLIC PLACE.
-	CREMATION, OR REMOVAL	me		
	Rose 1 Carle	ate Jan 9 5 , 19 53	Manner of Injury	
1 180	61	ate	Neture of injury	
19. UNDERT		Variable	24. Was disease or injury in any way related to oc	empation of deceased?
(Ad	dress) St. mich	aclas ma	If so, specify	f) - f
20, FILED	an 8 1934 John	Hwwales	(Signed) Luly	e heuro M. D.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5, 1927 Perilonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	A	P
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state

County

HUSBAND of

Years

(State or country)

15. MAIDEN NAME

13. NAME

17. INFORMANT

(Address)

Place_/

(Address)

19. UNDERTAKER

20, FILED.

7. AGE

NOI

OCCUPAT

FATHER

MOTHER

Village or City

m

Months Months Ilar PINNER, La ch	Days kn. borer	If LESS' than 1 dey,hrs. ormin.	to have occurred on the date stated above, at #1.45pi.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
MILL, at nd		ne (years) In this lation	Other Contributory Causes of Importance:	
. Wa	Topke) a	Name of operation 2001 Date of What test confirmed diagnosis? Clinical Was thore are	2 .
ara Kipt a Cas	Len opke ser	ra.	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Company Oate of Injury Where did injury occur? Copecify city or town, county and State of Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	1 1934
oma ma	Date Jas	nel und.	Manner of injury — Ceclo accede Nature of injury — Acceded to occupation of deceased?	ell 200
If more blan	Lickae Manual Andrews Anks are needed, a	LS MA QUALLO Registrar, Idress State Registrar,	(Signed) The Control (Address) Coplan Variation	M. 0.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(N.2)
County Fallot	Registration Dist. No. 292
Village or City Oxfor	No. St., Ward
Length of residence in city or town whera death occurred byrs mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
90: 85	yrsmosas.
2. FULL NAME Clevel Clewart	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or diverced HUSBANO of	
(or) WIFE of Charles O. Slewart	22. HEREBY CERTIFY, That I attanded daceased from
6. DATE OF BIRTH (month, day, and year) Nov. 11 1 1846	Hast saw h. M. aliva on Dee 18 - 1934 death is said
7. AGE Yaars Months Days If LESS than	to have occurred on tha date stated above, at
89 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, prolession, or particular	wera as follows:
kind of work done, as SPINNER, Honsurfey Cettree)	Semester.
Mork was dona, as SILK MILL, SAW MILL, BANK, atc	no parholouse Enditing asystemathe
10. Oate decaased last worked at this occupation (month and the year)	
10 DIDTURE ACT CHAIN THE PARTY OF THE PARTY	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Can Control (State or country)	
I 13. NAME Samuel Sharkley	
13. NAME Samuel Spanicles 14. BIRTHPLACE (city or town)	Name of operation Date of
(Stata or country) Develue Os	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Catherine Chur (ruburt)	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of Injury, 19
(Stata or country)	Where did injury occur?
17. INFORMANT Mrs Hen Kernard and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR SEMOVAL	Manner of injury
Placa Cytono Cemeron Data 1934	Nature of injury
19. UNDERTAKER Maurie Etuvada 1800 (Address)	24. Was diseasa or injury in any way related to occupation of daceased? 100
20. FILED Jul 13 1934 TO ESPACO Registrar.	(Signed) M.D. (Add(ess) Superus
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

OFFICIOATE OF DEATH

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 weck ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00797
1. PLACE OF DEATH County Lalbal	Registration Dist. No. 290
Village or City Zhear Eastan	No. St., Ward
Length of residence In city or town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) sgis. How long In U.S. if of foreign birth?
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE COLOR OR RACE OR DIVORCED (write the word) COLOR OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (6a) WHE of	THEREBY CERTIFY That I ettended decreed from
6. DATE OF BIRTH (month, day, and year) Oct. 15- 1848	I last sow heise alive on January 22, 1930; death Is said
7. AGE Years Months Days If LESS than I dey,hrs.	to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related couses of importence were as follows:
R Trade profession or particular	arterio Sclerosiss 7928
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Most Easter (State or country)	Other Contributory Canses of importance: acute Brucelulus / cuel
13. NAME Edward Barbutten	
13. NAME Edward Darbuttin 14. BIRTHPLACE (city or town) Dalbert las. md 1 (State or country)	Name of operation Date of Was there an au'opsy?
15. MAIDEN NAME Salle Geer (Berker)	23. If death wes due to external ceuses (VIOLENCE) fill In also the following:
15. MAIDEN NAME Salle Gent Campo 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17, INFORMANT W. E. Tarlillas. (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL GEMATION, OR REMOVAL Place League 21 Date 21 193	Manner of injury
19. UNDERTAKER I V. Zurn	Nature of injury 24. Was disease or injury In any way related to occupation of deceased? WO
20. FILED 1/25, 1934 NH. Neuros Registrar.	(Signed) Theleau D. Segrecary M. D. (Address) Easton, M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of cpilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. 5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00798
1. PLACE OF DEATH	(82-a)
County Fall VI	Registration Dist. No. 291
Village or City Thursdalls (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME COOpelius Thomas	
(a) Residence: No. At Manual M	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DAVORCED (write the word)	21. DATE OF DEATH (au 3 , 193 (Month) (Day) (Yeyft)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie H Thomas	22. Jan 1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, dey, end year) Upul 11 1862	Wast saw h Limelive on Land 3 , 1934, death Is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, es SPINNER, Waterman	were es follows: Date of onset Jan 3 193
Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased lest worked et die 23 11. Total time (years) 53 this occupetion (month end year) 1.53 12. Total time (years) 1.53 12. Total time	
12. BIRTHPLACE (city or town) Somewat Co Mid (State or country)	Other Contributory Causes of importance:
13. NAME William James Thomas	
(State or country)	Name of operation
15. MAIDEN NAME Isabella Linsen	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Ungined (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Mrs Mollie Thomas	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Michaella Date Jan 6 , 1934	Menner of Injury
19. UNDERTAKER Muriam Tharrison (Address) Aft. Michaele, Md.	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20, FILED Jase 4, 1934 John Hurrales.	(Signed) JISTOJIE . M. D. (Address) SY mehaels m

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I		Example II	
The principal cause of importance were Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitiat ne	phritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	f to	July 5,1927	Peritonitis	3 days ago
The same of the sa	BURGAL V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1 MARGIN RESERVED FOR BINDING
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT TECORD. Every item of infor-
TOTAL IN INCOME THE PROPERTY CASE INCOME OF PARTITIONS OF THE PARTITION OF

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	94500
County Salbott	Registration Dist. No.
Village or City Therwood Md.	No. St, Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidanca in city or town where death occurred	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Harrift S. Valkan	X
(a) Residence: No. Sherwood Md.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OK RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (will the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Au 27, 1860	I law saw hard aliva on how to 1933; death is said
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Month Days If LESS than	A () 0 / 11
7 // // 2 l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8-Trada, profassion, or particular	were as follows:
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	au Pastinia 4
9. Industry or business in which	1 group
work wes dona, es SILK MILL, SAW MILL, BANK, etc.	
10 Date decaased lest worked at this occupation (month and spent in this	
yaar) pt_pation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or Joyn) Lawrence Ce, Mid.	Cities Control of Chipping Control
(Stata or country)	_
13. NAME Momai Vallaat 14. BIRTHPLACE (city or town) Jakket (M.)	
14. BIRTHPLACE (city or town) 7 Pl & 10 Min A	Name of operation
(State of county)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MUS: Mannahan	23. If daath was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME MS: Shannahan 16. BIRTHPLACE (ofty) town) 4. lb. C. M.J. (State of Control)	Accident, suicide, or nomicida?/ Date of injury, 19
(State or doubtry) (Alfred C. Md.	Where did Injury gccur?
17. INFORMANT Llogge 1. Larrega	(Specify city or town, county and State) Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) paleywood med	
18. BURIAL, CREMATION, OR GEMOVAL M	Manner of injury
Hacelgh man Md Date Jan 31 ,19 35	Natura of injury
19. UNDERTAKER J. Y orginan Marshall	24. Was disaase er injury in any way related to occupation of decaasad?
(Address) St. Michaels Md.	If so, specify
20. FILED an 3. O. 18 4 Ano Wido & Porter	(Signad) Land H Sath M. D.
20. FILED FUNDA ST. Registrar.	(Address) Justine Vest
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
and the second second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	